



**EMPLOYMENT APPLICATION  
for  
COMMUNITY EDUCATION  
ASSISTANT**

**INSTRUCTIONS TO APPLICANT:**

1. Please PRINT answers in black ink (for copying purposes).
2. Answer all questions. Credit may NOT be given for incomplete information.
3. DATE and SIGN on page 2.
4. Staple together all pages of your application.
5. Keep a copy of completed application materials for your files.

**RETURN APPLICATION TO:**

**Department of Employee Relations  
Room 706, City Hall  
200 E. Wells St.  
Milwaukee, WI 53202-3554  
414-286-3751 / TDD 414-286-2960  
[www.milwaukee.gov/jobs](http://www.milwaukee.gov/jobs)**

<p><b>Name</b> _____ Last First M.I.</p> <p><b>Address</b> _____ Apt. # _____</p> <p><b>City</b> _____ <b>State</b> _____ <b>Zip Code</b> _____</p> <p><b>Email:</b> _____</p> <p>Day phone: (____) _____ - _____</p> <p>Evening phone: (____) _____ - _____</p> <p>Cell phone: (____) _____ - _____</p>	<p>Do you currently live in the city of Milwaukee?*</p> <p><input type="checkbox"/> Yes. When did you become a resident? (month/year) _____</p> <p><input type="checkbox"/> No</p> <p><i>* The City of Milwaukee's ability to continue enforcement of the residency requirement is currently in litigation. Please contact the Department of Employee Relations for specific questions regarding your situation.</i></p> <p>List any other names by which you have been known on official records:</p> <p>_____</p> <p>Due to limitations on employment of relatives, list the names and exact relationships of any relatives who are City of Milwaukee employees:</p> <p>_____</p> <p>_____</p>
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List any licenses, registrations and/or certificates you possess, such as Driver's, Nursing or Professional Engineer, that are related to the job you are applying for:

TYPE	NUMBER (if any)	TYPE	NUMBER (if any)

**OPEN RECORDS/PUBLIC INFORMATION**

The City sometimes receives requests under the Wisconsin Public Records Law for the identity of job applicants and copies of the job applications. However, except for those applicants who are final candidates for positions, the City is prohibited from releasing the identity of applicants who have indicated in writing that they do not wish their identity to be revealed.

If you do not wish us to reveal your identity, please check the following box:

If you are CURRENTLY  or were PREVIOUSLY  employed by the City of Milwaukee, list the following:

Position Title \_\_\_\_\_ Employee ID# \_\_\_\_\_

Department \_\_\_\_\_ From (month/yr) to (month/yr) \_\_\_\_\_



Are you able to provide documentation that demonstrates that you are legally authorized to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>
There may be a possibility of employment with other organizations. If so, may we refer your name? Yes <input type="checkbox"/> No <input type="checkbox"/>
Give the titles and dates of all City examinations you have taken within the last six months (if none, print "NONE"):

**READ CAREFULLY BEFORE SIGNING** -- I certify that all answers to questions on this application are true and complete. I understand that falsification of this application may result in disqualification or removal from a City position. I understand that residency in the City of Milwaukee within six months of appointment and throughout employment is required by City Charter 5-02\*. I authorize the City to make any inquiries about and receive any information about my suitability for employment. I give permission to persons contacted to provide such information. Such inquiries may include, but are not limited to the quality and quantity of my work, work record, qualifications, education and criminal records as defined above. NOTE: Convictions are not an automatic bar to employment but are reviewed in relation to the job for which you applied. I forever waive, release and covenant not to sue any person or organization as a result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality. A copy of this authorization shall be effective as the original.

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

\*The City of Milwaukee’s ability to continue enforcement of the residency requirement is currently in litigation. Please contact the Department of Employee Relations for specific questions regarding your situation.

**I. EDUCATION AND TRAINING**

A. Associate's Degree: Yes \_\_\_\_\_ No \_\_\_\_\_ Month/Year Earned: \_\_\_\_\_

Major: \_\_\_\_\_ Minor \_\_\_\_\_ If no, # of credits earned \_\_\_\_\_

College or University: \_\_\_\_\_

Location: \_\_\_\_\_

B. Bachelor's Degree: Yes \_\_\_\_\_ No \_\_\_\_\_ Month/Year Earned: \_\_\_\_\_

Major: \_\_\_\_\_ Minor \_\_\_\_\_ If no, # of credits earned \_\_\_\_\_

College or University: \_\_\_\_\_

Location: \_\_\_\_\_

C. Master's Degree: Yes \_\_\_\_\_ No \_\_\_\_\_

Major: \_\_\_\_\_ Minor \_\_\_\_\_

College or University: \_\_\_\_\_ DATE: \_\_\_\_\_

D. List any other education, training programs, workshops or professional seminars you have successfully completed which may relate to this position. Include name of institution/school and dates. (Attach additional pages, if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. EXPERIENCE**

List your previous work experience. Treat each change of job title as a new entry. Begin with your present position and work back. (If necessary, attach additional sheets using the same format).

A. Current/Most recent Employer:

Title \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Full Time Part Time--Hours/week \_\_\_\_\_  
(circle one)

Employer \_\_\_\_\_ Salary \_\_\_\_\_

Employer's Major Activity \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Note: May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Supervisor's Title \_\_\_\_\_

Describe your experience for this position in terms of your duties and specific responsibilities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Previous Employer:

Title \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Full Time Part Time--Hours/week \_\_\_\_\_  
(circle one)

Employer \_\_\_\_\_ Salary \_\_\_\_\_

Employer's Major Activity \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Note: May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Supervisor's Title \_\_\_\_\_

Describe your experience for this position in terms of your duties and specific responsibilities.

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C. Previous Employer:

Title \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Full Time Part Time--Hours/week \_\_\_\_\_  
(circle one)

Employer \_\_\_\_\_ Salary \_\_\_\_\_

Employer's Major Activity \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Note: May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Supervisor's Title \_\_\_\_\_

Describe your experience for this position in terms of your duties and specific responsibilities.

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D. Previous Employer:

Title \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Full Time Part Time--Hours/week \_\_\_\_\_  
(circle one)

Employer \_\_\_\_\_ Salary \_\_\_\_\_

Employer's Major Activity \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Note: May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Supervisor's Title \_\_\_\_\_

Describe your experience for this position in terms of your duties and specific responsibilities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

PLEASE ACCOUNT FOR ALL OF YOUR RELATED EXPERIENCE.

ATTACH ADDITIONAL SHEETS FOR MORE EMPLOYERS.

Instructions for Completing the Supplemental Questionnaire

Your answers to these questions are considered to be an important part of your application, just like your education and work history. Your responses will assist in determining whether you meet the minimum qualifications for this position and may be used by evaluators as part of a comparative evaluation process. Therefore, it is critical that you take time to completely and thoughtfully answer these questions to the best of your ability.

Your answers to these questions may be rated on the following:

- The level of knowledge, training, or experience you describe yourself as having for the subject matter covered by each question.
- How independently you are able to perform the job functions covered in the question.
- The relevance of examples you provide in illustrating your experience and knowledge of the subject matter covered by the questions.

(continued)

In addition, your written communication skills will be evaluated, including the following: organization and clarity of response, spelling, grammar, punctuation, and use of writing conventions. Questions that are not answered will be rated accordingly.

Describe your specific experience as it relates to each of the following questions. For each answer, please identify the source of the experience. Be specific as to the scope of your duties, your training, the length of time you performed these duties, and the employer(s) for whom you were working. Attach additional pages if more space is needed.

1. Describe your experience in working with diverse groups of people.

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2. Describe your job experience in counseling others.

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3. Describe experience you have had in making oral presentations in front of groups, either large or small. Include the sizes of the groups, the topics you covered, the circumstances in which you made the presentation (example: reporting on a class project, performing as a teacher, making a training presentation, etc.).

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4. The response you make to this question will be used to evaluate your written communication skills. Describe in 25 words or less why you are qualified for this position.

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**TESTING ACCOMMODATIONS**

In accordance with State and Federal laws, the City of Milwaukee is committed to ensure non-discrimination in employment of qualified individuals with disabilities.

Under the Americans with Disabilities Act, an individual with a disability is defined as one who: has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment.

"Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

The following information will be treated confidentially and used only to provide testing accommodations. Requests for testing accommodations must be made prior to the test administration so that arrangements can be made.

Will you require any special accommodations during the examination process? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what kind of accommodations will you need?

\_\_\_\_\_

\_\_\_\_\_

*The City of Milwaukee reserves the right to request medical documentation to support the need for this accommodation.*

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

*Provisions of test accommodations may be granted by the Department of Employee Relations only after review and evaluation on a case by case basis. Factors considered will include the nature of the examination and the knowledge, skills and abilities required for the job.*

In accordance with the Immigration Reform and Control Act of 1986, the City will employ only persons legally authorized to work in the United States. Employment, if offered, is conditional upon the individual's ability to establish verification of identity and authorization to work within three business days of commencement of employment.

**The City requires pre-employment drug testing.**

***THE CITY OF MILWAUKEE IS AN EQUAL OPPORTUNITY EMPLOYER THAT VALUES AND ENCOURAGES DIVERSITY.***

**MILITARY SERVICE**

Qualified veterans who obtain passing scores on open competitive examinations may be entitled to have additional points added to their scores. Individuals entitled to veteran's preference points also include disabled veterans, spouses of certain disabled veterans or unremarried spouses of eligible veterans who were killed in action or died of a service-connected disability. Candidates must qualify under Wisconsin state statutes defining veterans for this purpose.

Wisconsin State Statute 230.16(7m)(a) defines a "veteran" as a person who fulfills at least one of the following requirements:

1. Served on active duty in the U.S. armed forces for at least 180 days, not including training.
2. Was discharged from the U.S. armed forces because of a disability incurred during active duty or because of a disability that is later adjudicated by the U.S. department of veterans affairs to have been incurred during active duty.
3. Was honorably discharged from the U.S. armed forces.
4. Is eligible to receive federal veterans benefits.

**Documentation Required**

If you are an eligible veteran, you must attach an undeleted copy of your DD-214. Undeleted means that the copy you submit must include the bottom portion that indicates the type of discharge you received. If you have not yet been released from active duty, you may present individual orders or a letter from your commanding officer attesting to honorable service and the dates thereof, instead of the DD-214. If you are the spouse of a disabled wartime veteran whose disability is at least 70%, or if you are the un-remarried spouse of a veteran who was killed in action or died of a service-connected disability, you may be eligible to claim preference points. In addition to the documentation described above, you must also provide documentation of your relationship to the veteran and of the veteran's compensable disability.

Do you claim veteran's preference points based on the criteria listed above? Yes \_\_\_\_\_ No \_\_\_\_\_

